

Department of Mental Health

HOPE



OPPORTUNITY



COMMUNITY INCLUSION



*Fiscal Year 2016
Annual Report*



Mission

**Prevention, Treatment, and
Promotion of Public Understanding**
for Missourians with mental illnesses,
developmental disabilities, and addictions.

Vision

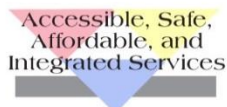
Hope ▼ Opportunity ▼ Community Inclusion

*Missourians receiving mental health services will have the
opportunity to pursue their dreams and live their lives as
valued members of their communities.*

Values



Missourians who participate in mental health services are welcomed and equally included in education, work, housing, and social opportunities in their communities.



Missourians with mental health needs easily access safe, affordable, and integrated medical and behavioral services.



Missourians participating in mental health services are active partners in designing their services and supports.



The effectiveness of Missouri's mental health services is measured by meaningful outcomes experienced by the people receiving them.



Missourians receive mental health services from competent, motivated, and highly valued staff serving as effective stewards of the public trust.



Emphasizing prevention and early intervention strategies avoids or minimizes the mental health problems of Missourians.



Missourians participating in mental health services are valued for their uniqueness and diversity and respected without regard to age, ethnicity, gender, race, religion, sexual orientation, or socio-economic condition.

Missouri Department of Mental Health

Mental Health Commission

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Four Seasons

Stephen Huss, Ph.D.

Hillsboro

Stephen Roling

Kansas City

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Herculaneum

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Department Overview

Though its functions date back to 1847, the Missouri Department of Mental Health was first established as a cabinet-level state agency by the Omnibus State Government Reorganization Act, effective July 1, 1974.

State law provides three principal missions for the department: (1) the prevention of mental disorders, developmental disabilities, substance use disorders, and compulsive gambling; (2) the treatment, habilitation, and rehabilitation of Missourians who have those conditions; and (3) the improvement of public understanding and attitudes about mental disorders, developmental disabilities, and addictive disorders.

Mental Health Commission

The Mental Health Commission, composed of seven members, appoints the director of the Department of Mental Health with the confirmation of the state Senate. The commissioners are appointed to four-year terms by the Governor, again with the confirmation of the state Senate. The commissioners serve as the principal policy advisers to the department director. The Commission, by law, must include individuals who represent Missourians with mental illness, developmental disabilities, and substance use disorders and who have expertise in general business matters. Current commissioners are listed on page two.

The Department of Mental Health is comprised of three divisions that serve more than 170,000 Missourians annually: Division of Behavioral Health, Division of Developmental Disabilities and the Division of Administrative Services.

FY 2016 DMH Budget by Program Category

Budget Category	Amount	% Total	FTE
State Psychiatric Facilities	\$191 million	10.4%	3,723 FTE
Mental Health Community Programs	\$425 million	23.2%	35 FTE
Medications	\$14 million	0.8%	0 FTE
DD Habilitation Centers	\$84 million	4.6%	2,493 FTE
DD Regional Offices/Community Support	\$31 million	1.7%	691 FTE
DD Community Programs	\$892 million	48.5%	25 FTE
Community Substance Use Services	\$144 million	7.8%	51 FTE
Administration-Dir. Office/ Divisions	\$15 million	0.8%	227 FTE

Department Overview, continued

Budget Category	Amount	% Total	FTE
Other: (Fed. Grants, MH Trust Fund, Overtime Pool, Fed. Revolving funds, etc.)	\$41 million	2.2%	11 FTE
TOTALS	\$1.837 billion	100.0%	7,256 FTE

- DMH generates \$308 million per year in reimbursements from Medicaid, Medicare, disproportionate share (DSH) and other third party pay.
- Approximately 57% of all DMH GR funding is used as match for DMH services funded through the Medicaid program.
- The DMH Administrative Budget has been reduced by 5% over the past three years.

Several support units assist the department and division directors in implementing DMH's programs and services. They include:

1. Audit, Investigations, Deaf Services, Office of Constituent Services
2. Office of Comprehensive Child Mental Health
3. Information Systems
4. Office of Public and Legislative Affairs (includes Disaster Services)
5. Human Resources
6. General Counsel (Regulations, Hearings and Appeals)

DMH makes services available through state-operated facilities and contracts with private organizations and individuals. The state-operated facilities include six adult psychiatric hospitals and one children's psychiatric facility. In addition, four habilitation centers, three community support agencies, one crisis community support agency, six regional offices and six satellite offices serve individuals with developmental disabilities. The department also purchases services from a variety of privately operated programs statewide through approximately 1,300 contracts managed annually by DMH.

Office of Comprehensive Child Mental Health (Children's Office)

The Office of Comprehensive Child Mental Health (Children's Office) provides a single authority accountable for children's policies department-wide, keeping with the statutory requirements for the Children's Office 630.1000, RSMo, 2005.

Department Overview, continued

The Department's children's policies are based on the philosophy of being family-driven, child-centered, culturally competent and community-based. DMH partnerships continue to grow with child welfare, education and juvenile justice systems. Collaboration between local and state groups helps identify initiatives and works to eliminate duplication and fill gaps in needed services for Missouri children.

Division of Administrative Services Overview

The Division of Administrative Services includes the following units:

1. **Accounting:** oversees and monitors all funds, manages expenditures, administers grant funds, and produces fiscal summaries, analyses and reports.
2. **Purchasing and General Services:** establishes and administers contracts with private agencies or individuals to provide services in the community and is also responsible for various General Services functions in central office.
3. **Budget and Finance:** develops and monitors the annual budget, oversees the legislative fiscal note process, provides expenditure oversight, analyzes and compiles financial and other related reports.
4. **Reimbursements:** collects payments from private insurance, Medicaid and Medicare, and private pay for department services and coordinates revenue maximization activities.
5. **Medicaid:** directs Medicaid issues for DMH. Responsibilities include assisting the program divisions in developing and implementing new Medicaid covered programs, interpreting and ensuring compliance with Medicaid state plans and federal regulations, and initiating and implementing revenue maximization strategies. The section also works closely with the Department of Social Services/MO HealthNet Division and Medicaid legal consultants.

Division of Behavioral Health (DBH) Overview

The Division of Behavioral Health (DBH) manages programs and services for people who need help for mental illness or substance use disorders. Services available are evaluation, intervention, treatment, rehabilitation, recovery support, prevention, education, and mental health promotion.

Most prevention and treatment services are provided by community programs that have contracts with the Division. These programs must meet federal and state requirements in order to provide mental health and substance use disorder services. The cost of services is based on an individual's ability to pay.

Those who have priority for mental health services are:

- People with serious mental illness;
- Individuals and families in crisis;
- People with mental illness who are homeless;
- Individuals committed for treatment by the court system; and,
- Children with severe emotional disturbances.

For substance use disorder treatment, priority is given to:

- Pregnant women;
- Intravenous (IV) drug users; and,
- Specific referrals from other state agencies.

The Division and its contracted programs offer the above mentioned services to help people with mental illnesses and substance use disorders. These services help prevent crime and make communities safer, reduce emergency room visits, and prevent school dropout. Many people are able to keep their jobs or get help finding jobs when they receive services.

DBH - Substance Use Disorder Treatment Services

Overview

Alcohol and drug misuse, tobacco use, and compulsive gambling affect more than two million Missourians. The Division funds prevention, treatment and rehabilitation programs for substance use disorders; a problem that costs the state's economy an estimated \$7.7 billion a year in lost productivity, healthcare expenditures, property damage, and crime. During the past year, programs funded by the Division of Behavioral Health-Substance Use Disorder Treatment Services provided treatment or intervention to nearly 60,000 people.

The State Advisory Council for ADA makes recommendations regarding the types of services needed throughout Missouri. Council members are chosen from consumers of services, substance use disorder treatment professionals, and others with an interest in substance use disorder prevention, treatment and recovery.

The operating budget for Fiscal Year (FY) 2016 for the Division of Behavioral Health – Substance Use Disorder Treatment Services was \$145,910,516.

Prevention

The year's appropriation (FY 2016) for prevention and education was \$10,146,127. The Prevention Unit's mission is to reduce adverse outcomes from the harmful use of alcohol, tobacco and other drugs. Prevention focuses on impacting factors that put individuals, especially children and youth, at risk for engaging in substance use. Included are individual and peer factors, school and family factors, and community and environmental factors. The Division's prevention system has six components available statewide:

1. Community Coalitions, launched in 1987, are volunteer groups focused on alcohol, tobacco and other drug issues. Coalitions receive technical assistance and training from Regional Support Centers on a variety of topics related to organizational development and implementation of prevention strategies. There are over 140 registered coalitions in Missouri.

2. Regional Support Centers (RSCs) provide training, technical assistance and support for community coalitions. Their goal is to assist coalitions to make changes in substance use patterns in their communities.

3. Direct Prevention Services include prevention education and early intervention activities for designated children, youth and families. These services involve structured programming and/or a curriculum, have multiple sessions, include pre- and post-testing, and address identified risk and protective factors.

DBH - Substance Use Disorder Treatment Services, continued

4. The Statewide Training and Resource Center (STRC) provides resources, training and technical assistance to the RSCs and community coalitions. The STRC presents a number of training workshops throughout the year and an annual statewide prevention conference.

5. School-based Prevention Intervention and Resource Initiative (SPIRIT) delays the onset of substance use, decreases the use of substances, improves overall school performance, and reduces incidents of violence. To achieve these goals, prevention agencies are paired with school districts to provide technical assistance in implementing evidence-based substance use prevention programming. SPIRIT currently operates in four sites serving six school districts across the state, including Carthage R-IX, Knox Co. R-1, New Madrid Co. R-1, Ritenour, Charleston R-I and Scotland Co. R-I.

6. College-based Programs through the Partners in Prevention (PIP) coalition are provided on the following 14 state-supported and seven private institutions of higher education: Columbia College, Drury University, Evangel University, Harris-Stowe State University, Lincoln University, Maryville University, Missouri Southern State University, Missouri State University, Missouri University of Science and Technology, Missouri Western State University, Northwest Missouri State University, Rockhurst University, Saint Louis University, Southeast Missouri State University, State Technical College of Missouri, Truman State University, University of Central Missouri, University of Missouri-Columbia, University of Missouri-Kansas City, University of Missouri-St. Louis, and Westminster College. These programs work toward reducing rates of harmful and dangerous drinking on campuses.

Substance Use Disorder Treatment

DBH contracts with a network of providers that offer community based treatment. The Division monitors these providers and their treatment staff, who must meet state certification standards. An array of Division-funded and supported clinical treatment and recovery support services are located statewide. Clinical treatment and recovery support services are designed to provide a continuum of services to assist individuals and their families with substance use disorders in achieving and maintaining recovery, including finding meaningful employment and stable housing. Treatment services include:

Primary Recovery Plus – The Division has a comprehensive package of individualized services and therapeutic, structured activities designed to promote long-term recovery from substance use disorders. These services have three basic levels of intensity that include assessment, individual and group counseling, family counseling, group education, medication and physician services, participation in self-help groups, and other supportive interventions. Detoxification and residential support are offered for those who need a safe, drug-free environment in the early stages of the treatment process.

DBH - Substance Use Disorder Treatment Services, continued

The Comprehensive Substance Treatment and Rehabilitation Program (CSTAR) approach to substance use disorder treatment includes a flexible combination of clinical services, living arrangements, and support services individually tailored for each person. Funded by Medicaid and the Division's purchase-of-service system, the CSTAR General Population programs, population-specific services and supports are available in the following specialized CSTAR programs:

- **CSTAR Women's and Children's Treatment Program** - Substance use affects women differently than men, both physically and psychologically. Single women, pregnant women, and women with children may enter specialized women's CSTAR treatment programs. These programs provide a complete continuum of treatment services and housing supports tailored to the unique needs of women and children.
- **CSTAR Alt-Care Program** – This program is specifically designed for female offenders under the supervision of the Missouri Department of Corrections.
- **CSTAR Adolescent Treatment Programs** - Early intervention, comprehensive treatment, academic education, and aftercare are important in averting chronic use and accompanying problems that might otherwise follow a young person for a lifetime. The specially trained staffs of adolescent CSTAR programs use individual, group, and family interventions.
- **CSTAR Opioid Treatment Program** - This program is designed for people with severe opiate use disorders. It includes methadone maintenance therapy as well as the use of other FDA-approved medications along with medically supervised withdrawal from heroin and other opiates. Ongoing counseling and other psychosocial services are provided to promote long-term recovery. Missouri's program meets strict federal guidelines.

Compulsive Gambling - The Division provides outpatient treatment services to individuals with gambling disorders and their families. Funding comes from a portion of casino admission fees.

Substance Abuse Traffic Offenders Program (SATOP) - Each year, thousands of people are injured or killed in impaired, driving-related traffic crashes. The DBH Substance Use Disorders Treatment Services certify programs to provide screening, education and treatment services to individuals who have had an impaired driving offense, or in the case of youth, have pled or been found guilty of a minor in possession charge. SATOP screens Driving While Intoxicated (DWI) offenders annually who are referred as a result of an administrative suspension or revocation of their driver's licenses, a court order, a condition of probation, or a plea bargain. When a driver's license is suspended or revoked due to an impaired driving offense, SATOP is, by law, a requirement for license reinstatement.

DBH - Substance Use Disorder Treatment Services, continued

All SATOP offenders enter the system through an Offender Management Unit. Offenders receive a screening assessment where a review of their driving record, Blood Alcohol Content (BAC) at the time of arrest, computer-interpreted assessment, and an interview with a qualified professional is conducted. Based upon the information gathered during the screening, an appropriate referral is made to one of several SATOP programs.

Recovery Support Services funded by the Access to Recovery grant provide access to treatment and support options. These services are provided by faith and community-based organizations and are designed to enhance participation in treatment, promote community integration, and foster recovery from substance use disorders.

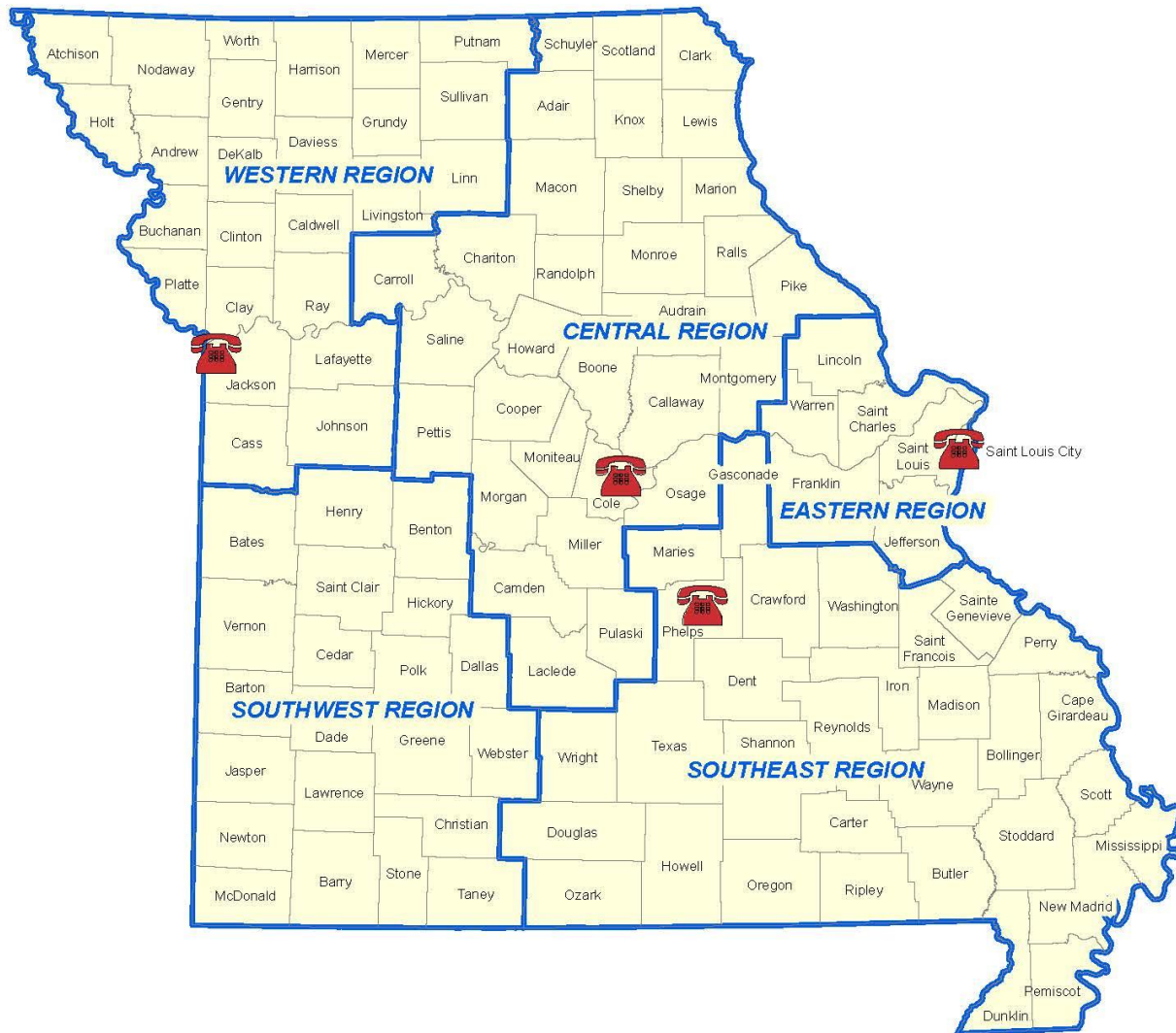
Program Eligibility

All Missourians are eligible to receive prevention and substance use treatment services provided by DBH. A Standard Means Test is used to determine if people have the ability to pay for a portion of their treatment services. Additional information on substance use disorder treatment and recovery is available from the [DBH district offices](#).

On the following page is a map of the Regional Offices for Substance Use Services.



MISSOURI DEPARTMENT OF MENTAL HEALTH DIVISION OF BEHAVIORAL HEALTH REGIONAL OFFICES FOR SUBSTANCE USE SERVICES



WESTERN AND SOUTHWEST REGIONS

Denise Norbury, REO, Division of Behavioral Health
Southwest Missouri Psychiatric Rehabilitation Center
1301 Industrial Parkway East
El Dorado Springs, MO 64744
Phone: 417-876-1002
Fax: 417-876-1004



Western Region Office
Division of Behavioral Health
2600 East 12th Street
Kansas City, MO 64127
Phone: 816-482-5770 Fax:
816-482-5774

CENTRAL REGION



Central Region Office
Missouri Department of Mental Health
1706 East Elm Street, P.O. Box 687
Jefferson City, MO 65102
Phone: 573-751-4942
Fax: 573-751-7814

EASTERN REGION

Laurent Javois, REO, Division of Behavioral Health



Eastern Region Office
Saint Louis Psychiatric Rehabilitation Center
5300 Arsenal
Saint Louis, MO 63139
Phone: 314-877-0370
Fax: 314-877-5982

SOUTHEAST REGION

Julie Inman, REO, Division of Behavioral Health
Southeast Missouri Mental Health Center
1010 West Columbia
Farmington, MO 63640
Phone: 573-218-6701
Fax: 573-218-6703



Southeast Region Office
Division of Behavioral Health
105 Fairgrounds Road
Rolla, MO 65042
Phone: 573-368-2298
Fax: 573-368-2396



Regional Office Location

Division of Behavioral Health Region Boundary

County Boundary

Source: ArcGIS\Smith\substanceuserregioncontact.mxd/pdf ~ September, 2016

DBH-Services for Mental Illnesses

Overview

The Division of Behavioral Health is responsible for prevention, evaluation, treatment, and rehabilitation services for individuals and families qualifying for publicly funded mental health services. The Division provides services directly through its state-operated facilities and also contracts with 20 Administrative Agents' community programs. The Division also contracts for or funds community housing options, depending on individual needs. The FY 2016 operating budget for Mental Illness Services was \$636,388,286.

The Division gives priority to people with Serious Mental Illness (SMI). The target populations include adults with SMI; forensic clients pursuant to Chapter 552, RSMo; adults with SMI being discharged from state-operated inpatient facilities; individuals being transitioned from state-operated or contracted residential settings; individuals being transitioned from alternatives to inpatient hospitalization; adults, children and youth at risk of homelessness; children and youth referred through the Custody Diversion Protocol; and children and youth with Serious Emotional Disturbance (SED), as defined by the Department.

The State Advisory Council for mental illness services makes recommendations regarding the types of services needed throughout Missouri. Council members include consumers of services, mental health treatment professionals, and other with an interest in prevention, treatment and recovery.

Prevention and Mental Health Promotion

Mental Health First Aid (MHFA) is a course designed to teach the general public how to recognize symptoms of mental health problems, how to offer and provide initial help, and how to guide a person toward appropriate treatment and supports. The Missouri Institute of Mental Health (MIMH) and Regional Support Centers partner with DBH to provide training to schools and communities across the state. MHFA is included in the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Registry of Evidence-based Programs and Practices (NREPP). Missouri is one of the founding partners who brought MHFA to the United States from Australia.

Suicide Prevention – The Department of Mental Health has actively supported the Zero Suicide initiative within the state. The Missouri Coalition for Community Behavioral Healthcare, with support from DMH and the national Suicide Prevention Resource Center, hosted Show Me Zero Suicide Learning Collaboratives for Community Mental Health Centers. Signs of Suicide (SOS) trainings that focus on teaching school staff and students to identify symptoms of depression, suicidality and self-harm also took place around the state.

DBH-Services for Mental Illnesses, continued

Crisis Intervention Team (CIT) – DBH supports the expansion of CIT in Missouri – increasing the number of councils and officers trained. CIT is designed to improve the outcome of police interactions with people with mental illness by de-escalating crisis situations, decrease the use of force by officers, and increase mental health consumers' access to community treatment options. Over 5,500 law enforcement personnel have been trained on how to approach and assist individuals who are in mental health crisis.

State Psychiatric Treatment Facilities

The Division of Behavioral Health directly operates six adult psychiatric hospitals, as well as a small number of community residential beds and apartments. In addition, the Division operates one children's psychiatric hospital.

Adult Inpatient Facilities - The six adult hospitals provide intermediate stay and forensic inpatient treatment on a regional basis and are located in St. Louis, St. Joseph, Fulton, Kansas City and Farmington. The Division also operates five psychiatric group homes in Kansas City, three of which serve individuals who are dually diagnosed with developmental disabilities, and a supported apartment program. The adult facilities combined appropriated budget for FY 2016 was \$157,734,963.

Services include on-going assessment and treatment of individuals with Serious Mental Illness whose recovery is impeded by complications of treatment resistant illness, chronic substance use disorders, developmental disabilities, brain trauma, and legal issues. In addition to traditional psychiatric and medication services, treatment programs include cognitive behavioral therapy; social learning therapy; dialectal behavioral therapy; treatments specific to those with co-occurring mental illness and development disability, or co-occurring mental illness and substance use disorder; competency restoration; and treatment specific to sexual offending.

Child Inpatient Treatment Facilities - Services for children and youth up to the age of 18 with Serious Emotional Disturbances are provided in one Division-operated facility. Hawthorn Children's Psychiatric Hospital in St. Louis provides both acute hospitalization and residential treatment. This facility had an appropriated budget of \$9,259,756 (FY 2016).

DBH-Services for Mental Illnesses, continued

Forensic Support Services – Under Chapter 552, RSMo, DMH is mandated to monitor individuals in forensic status who have been acquitted as not guilty by reason of mental disease or defect and given conditional release to the community by circuit courts. Monitoring is provided by forensic case monitors under the auspices of the Director of Forensic Services. There are 11 forensic case monitors located across the state: three in St. Louis, two in Kansas City, two in Fulton, one in Nevada and three in Farmington. Forensic case monitors must see each forensic client at least monthly to monitor compliance with conditions of release and to ensure public safety.

The Department, upon order of the circuit court, provides pretrial evaluations pursuant to Chapter 552, RSMo. The Department requires that evaluations be completed by certified forensic examiners who must hold doctorate degrees in medicine, osteopathy, or psychology and must complete required supervision and training. Pretrial evaluations must be completed within the 60-day statutory timeline.

The FY 2016 budget for forensic support services was \$815,960 for monitoring of those committed to the department but who are on conditional release from an inpatient treatment setting. In FY 2016, 495 forensic clients were monitored in the community.

Children's Treatment Programs

The Division of Behavioral Health continues to be a lead partner in the creation and operation of a Comprehensive Children's Mental Health System as outlined in SB 1003 passed in 2004. Services and policies are based on the guiding philosophy of being family-driven, child-centered, culturally competent and community-based. The work done to prevent families from having to relinquish custody to the state solely to access mental health services continues, and over half of those youth are maintained in their home community. Partnerships continue to grow with child welfare, juvenile justice, health and educational providers to ensure that services are coordinated to increase the likelihood of improved functioning and successful outcomes for children and families. The Division has partnered with Medicaid to leverage federal funds to expand the array of services available to children and families. Efforts to ensure quality service provision include enhanced monitoring, training on evidence based practices, and utilization of standardized, functional outcome measures. The following services are available in communities:

The **Community Psychiatric Rehabilitation (CPR)** program serves children with Serious Emotional Disturbances. This is a family-driven, child-centered approach that emphasizes individual choices, flexible services, existing community resources, and natural support systems. CPR promotes independence and the pursuit of meaningful living, working, and learning activities in normal community settings. CPR includes assessment, crisis intervention, medication services, consultation, metabolic screening, community support, family support,

DBH-Services for Mental Illnesses, continued

family assistance, day treatment, individual and group professional services, evidence-based practices, and psychosocial rehabilitation. In addition, Intensive Community Psychiatric Rehabilitation provides services that will maintain the child or youth within the family if at all possible.

Community Services include a menu of mental health services provided by professionals in community mental health centers as defined in Sections 630.405-630.460, RSMo, 1996. Some children/youth may require a temporary placement out of the home to achieve psychiatric stability. Three types of placements are available to children:

Treatment Family Homes provide individualized treatment within a community-based family environment with specially trained parents. They provide out-of-home services for those needing them, but also allow children to remain in their own communities and often in their home school districts.

Residential Treatment services consist of highly structured care and treatment to youth, generally on a time-limited basis, until they can be stabilized and receive care in a less-restrictive environment or at home.

Professional Parent Homes serve youth whose special emotional needs lead to behaviors that in the absence of such programs would most likely place the youth in more restrictive residential settings. These youth have demonstrated an inability to be successful in the community without a sustained intensive therapeutic intervention. A Professional Parent Home is considered to be a more restrictive placement option than a Treatment Family Home, but less than a psychiatric hospital or residential program. Effective interventions are provided by individuals who have had extensive training.

Adult Community Treatment Programs

The **Community Psychiatric Rehabilitation (CPR)** program is a consumer-centered approach that emphasizes individual choices and needs; features flexible services and supports; uses existing community resources and natural support systems; and promotes independence and the pursuit of meaningful living, working, learning, and leisure-time activities in normal community settings. The program provides an array of key services to persons with severe, disabling mental illnesses. Core services include evaluation, crisis intervention, community support, medication management, consultation services, and psychosocial rehabilitation. Other services include behavioral health assessment, treatment planning, peer support services, metabolic screening, Assertive Community Treatment, illness management and recovery,

DBH-Services for Mental Illnesses, continued

individual and group psychosocial rehabilitation, individual counseling, group counseling and group education, residential and nonresidential intensive CPR.

Because CPR is a Medicaid program, the federal government pays approximately 60 percent of the costs for eligible persons. The Division of Behavioral Health spent approximately \$93.4 million from general revenue for the 40 percent state match in FY 2016.

Community Services consist of contractual arrangements to purchase community behavioral health services from local mental health professionals and community mental health centers as defined in Sections 630.405 - 630.460, RSMo, 1996.

Residential Services provide a variety of housing alternatives to meet the diverse needs of individuals. DMH assists Missourians challenged by mental illnesses, substance use disorders, and developmental disabilities in obtaining and maintaining safe, decent and affordable housing options that best meet their individual and family needs. Housing is key to helping Missourians with disabilities and their families attain self-determination and independent living. Examples of some of the residential services included are:

- **Shelter Plus Care** is a program designed to link rental assistance to supportive services on a long-term basis for homeless persons with disabilities and their families. This DMH-funded program provides housing choices and supportive services for the hard-to-reach homeless population with disabilities. Missouri has 43 Shelter Plus Care grants.
- **Homeless Veterans** receive housing supports in partnership with the Department of Veterans Affairs. Fifty homeless Veterans are served by the program at St. Patrick Center in St. Louis. An additional 28 are housed and receive services from the Supportive Services for Veteran Families (SSVF) program at the St. Patrick Center while waiting to get into permanent housing.
- **Supported Community Living** programs are provided for approximately 3,300 persons with mental illness who do not have a place to live or who need structured services.
- **Intensive Community Psychiatric Rehabilitation Residential (ICPR RES)** is comprised of medically necessary on-site residential services for adult consumers who have been unsuccessful in multiple community settings and/or present an ongoing risk of harm to self or others.

DBH-Services for Mental Illnesses, continued

Integrated Care services connect the whole health of an individual, including mental health, substance use disorders, and physical healthcare. DMH strives to improve the overall health of individuals by implementing innovative approaches to care coordination across multiple healthcare settings, opening new doors for crisis intervention, focusing on data driven outcomes, and building extensive community partnerships.

- **Health Homes** target Medicaid individuals enrolled in Community Mental Health Centers (CMHCs) who have a behavioral health condition and a chronic health condition. Health Homes provide care coordination while integrating a new approach to care management of chronic diseases using Health Information Technology (HIT) tools for population care management. Outcome goals were established for improving the health status of individuals with hypertension, diabetes and cardiovascular disease. Health Homes reduce inpatient hospitalization and emergency room visits by adding nurses and a primary care physician consultant to the care management team. Transitional care between hospital discharge and the community is also provided. There are 26 Health Homes that served 32,042 individuals in FY 2016.
- **Disease Management (DM)** are collaborative projects between DMH and the MOHealthNet Division, targeting high cost Medicaid individuals who have chronic medical conditions, a mental illness and/or substance use disorder, and are not currently receiving behavioral health services. These individuals are identified and engaged in appropriate behavioral health services, including Health Homes services for care coordination of their chronic medical conditions. Over 9,000 individuals have been identified and enrolled in behavioral health services through the DM projects.
- **Access Crisis Intervention (ACI)** services assess and provide assistance (or appropriate intervention) for an acute behavioral health crisis, link individuals with services, resources and supports, and maintain individuals in the least restrictive setting and in the community when clinically feasible. ACI provides a timely response, intervention, and referral for persons experiencing a behavioral health crisis 24 hour a day, seven days a week. ACI services are statewide. Over 84,000 crisis calls were answered in FY 2016, a 5% increase from FY 2015.
- **Emergency Room Enhancement (ERE)** projects are located in seven areas of the state, with relationships in 65 hospitals and clinics, for people in behavioral health crises. Over 3,565 individuals received services: 84% with psychiatric disorders, 38% with substance use disorders and 33% with co-occurring psychiatric and substance use disorders. There was a 99% increase in DMH treatment program enrollment for these individuals. Overall, there was a 55% decrease in ER visits and a 55% reduction in hospitalizations.

DBH-Services for Mental Illnesses, continued

- **Community Mental Health Liaisons (CMHLs)** are located in Community Mental Health Centers across the state. They work with courts and law enforcement to facilitate access to care and improve service coordination for people with mental illness or substance use disorders. CMHLs provide training, consultation and coordination of existing crisis and community treatment services. More than 11,500 contacts with law enforcement and court officials, and over 7,500 referrals linked Missourians to needed behavioral health services in FY 2016.

Consumer-Operated Service Programs

Consumer-operated service programs are peer-run service programs that are administratively controlled and operated by consumers and emphasize self-help. Drop-In Centers are a safe place where consumers can go to find recovery programs and services provided by their peers, such as recovery focused support groups, life enhancement skills, goal setting, problem solving, computer and internet access as well as socialization with others in recovery. Warm Lines offer safe, confidential telephone support provided by peers in recovery from mental illness. They also make connections to other services including housing, food banks, transportation, professional counseling and crisis management.

Fulton State Hospital

During the 2014 Legislative session, Missouri lawmakers supported Governor Jay Nixon's plan to fund a new, high security facility at Fulton State Hospital. Nixon's plan for the Fulton facility involves 25 years of bond repayment.

The hospital is the oldest state psychiatric hospital west of the Mississippi River and houses Missouri's most severely mentally ill. The new facility will feature a 300-bed, high-security complex expected to cost a total of \$211 million. Over a 10-year period, the facility rebuild is expected to save and defer costs totaling \$188 million. Demolition of the old facility and construction of the new facility are underway. The hospital is expected to be completed and will open for occupancy in 2018.

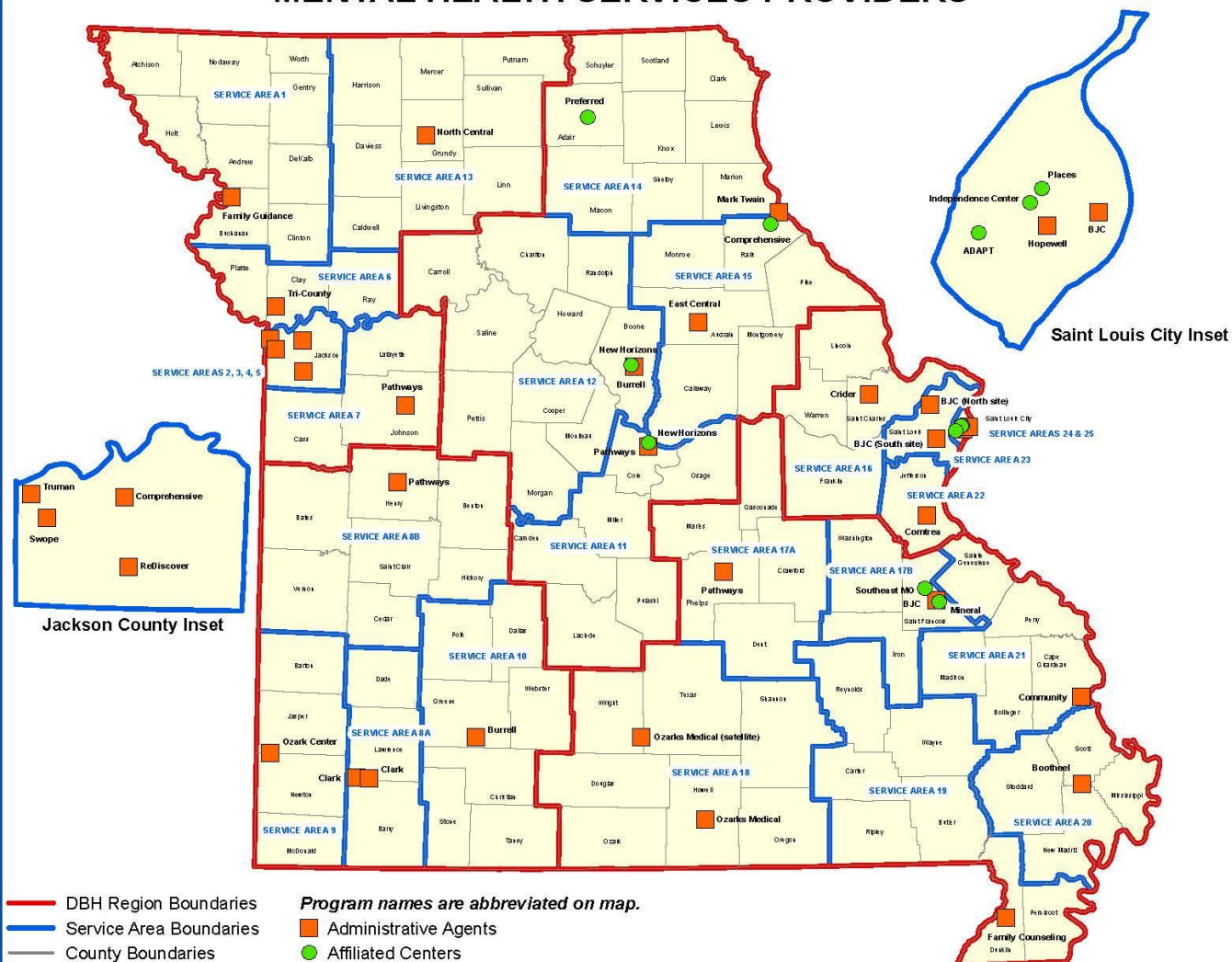
For the latest information on the rebuild project go to: <http://fultonrebuild.mo.gov/>.

Program Eligibility: All Missourians are eligible to receive services for mental illness. Eligibility for many of these services are determined through Administrative Agents designated by the DBH. To determine if an individual has the ability to pay a portion of the cost of care, a Standard Means Test (SMT) is used.

The current map and listing of administrative agents can be found on the next page.



MISSOURI DEPARTMENT OF MENTAL HEALTH DIVISION OF BEHAVIORAL HEALTH MENTAL HEALTH SERVICES PROVIDERS



SERVICE AREA 1 Administrative Agent Family Guidance Center 724 N 22ND ST Saint Joseph, MO 64506 816-364-1501	SERVICE AREA 8A Administrative Agent Clark Community Mental Health Center 104 W Main, P.O. Box 100 Pierce City, MO 65723 417-676-1000 Consumer Service Contact: 1701 N Central Monett, MO 65708 417-235-6610	SERVICE AREA 12 Administrative Agent Burrell Behavioral Health Central Region 3401 Brewery DR, Suite 204 Columbia, MO 65201 573-777-8450	SERVICE AREA 15 Administrative Agent East Central Missouri Behavioral Health Services Arthur Center 321 W Promenade Mexico, MO 65265 573-582-1234	SERVICE AREA 18 Administrative Agent Ozarks Medical Center Behavioral Healthcare 909 Kentucky, P.O. Box 1100 West Plains, MO 65775 417-257-6762 or 800-492-9439 Satellite: Mountain Grove Medical Complex 1604 N Main Mountain Grove, MO 65711 417-526-4563	SERVICE AREA 24 Administrative Agent Ananda Luckett Murphy Hopewell Center 1504 S Grand Saint Louis, MO 63104 314-531-1770
SERVICE AREA 2 Administrative Agent Truman Medical Center Behavioral Health 2211 Charlotte Kansas City, MO 64108 816-404-5700	SERVICE AREA 8B Administrative Agent Pathways Community Behavioral Healthcare 1800 Community DR Clinton, MO 64735 660-885-8131	SERVICE AREA 12 Affiliated Center New Horizons Community Support Services 1408 Hoffman Place Columbia, MO 65201-5551 573-443-0405	SERVICE AREA 15 Affiliated Center Comprehensive Health Systems 12677 Heavenly Acres DR New London, MO 63459 573-248-1372	SERVICE AREA 19 Administrative Agent Family Counseling Center 925 HWY VV, P.O. Box 71 Kennett, MO 63857 573-888-5925	SERVICE AREA 25 Administrative Agent BJC Behavioral Health Community Services 1430 One ST, Suite 500 Saint Louis, MO 63103-2377 314-266-3700
SERVICE AREA 3 Administrative Agent Swope Health Services 3801 Blue Parkway Kansas City, MO 64130 816-922-7645	SERVICE AREA 9 Administrative Agent Ozark Center 3006 McClelland, P.O. Box 2526 Joplin, MO 64804 417-347-7600	SERVICE AREA 13 Administrative Agent North Central Missouri Mental Health Center 1601 E 28TH, P.O. Box 30 Trenton, MO 64683 660-353-4487	SERVICE AREA 16 Administrative Agent Ozark Center 1032 Crosswinds CT Wentzville, MO 63385 636-332-6000 or 800-574-2422	SERVICE AREA 20 Administrative Agent Boothel Counseling Services 760 Plantation BLVD, P.O. Box 1043 Sikeston, MO 63801 573-471-0800	SERVICE AREA 25 Affiliated Center Places for People 4130 Lindell BLVD Saint Louis, MO 63108 314-535-5600
SERVICE AREA 4 Administrative Agent Rediscover 901 NE Independence AVE Lee's Summit, MO 64086 816-246-8000	SERVICE AREA 10 Administrative Agent Burrell Behavioral Health 1300 Bradford Parkway Springfield, MO 65804 417-263-5400	SERVICE AREA 13 Affiliated Center Preferred Family Healthcare 900 E LaHarpe Kirksville, MO 63501 660-665-1962	SERVICE AREA 17A Administrative Agent BJC Behavioral Health Community Services 1450 E 10TH ST, P.O. Box 921 Rolla, MO 65402 573-364-7551	SERVICE AREA 21 Administrative Agent Community Counseling Center 402 S Silver Springs RD Cape Girardeau, MO 63703 573-334-1100	SERVICE AREA 25 Affiliated Center ADAPT of Missouri 2201 Hampton Saint Louis, MO 63139 888-657-3201
SERVICE AREA 5 Administrative Agent Comprehensive Mental Health Services 17844 E 23RD ST, P.O. Box 260 Independence, MO 64057 816-922-7645	SERVICE AREA 11 Administrative Agent Pathways Community Behavioral Healthcare 1905 Stadium BLVD, P.O. Box 104146 Jefferson City, MO 65110-4146 573-634-2000	SERVICE AREA 14 Administrative Agent Mark Twain Behavioral Health 917 Broadway Hannibal, MO 63401 573-221-2120	SERVICE AREA 17B Affiliated Center Mineral Area CPHC 203 S Washington, P.O. Box 510 Farmington, MO 63640 573-756-2899	SERVICE AREA 22 Administrative Agent Comrea Community Treatment 227 Main ST Festus, MO 63028 636-331-2700 Ext 345	
SERVICE AREA 6 Administrative Agent Tri-County Mental Health Services 3100 NE 83RD ST, Suite 1001 Kansas City, MO 64113-9998 816-468-0400	SERVICE AREA 11 Affiliated Center New Horizons Community Support Services 2013 William ST Jefferson City, MO 65109 573-636-8108	SERVICE AREA 14 Affiliated Center Comprehensive Health Systems 12677 Heavenly Acres DR New London, MO 63459 573-248-1372	SERVICE AREA 17 Affiliated Center Southeast Missouri Behavioral Health 512 East Main ST, P.O. Box 506 Park Hills, MO 63601 573-431-0654	SERVICE AREA 23 Administrative Agent BJC Behavioral Health Community Services North Site: 3185 McKelvey RD, Suite 200 Bridgeton, MO 63044-2550 314-206-3900 South Site: 343 S Kirkwood RD, Suite 200 Kirkwood, MO 63122-6915 314-206-3400	
SERVICE AREA 7 Administrative Agent Pathways Community Behavioral Healthcare 520-C Burkhardt RD Warrensburg, MO 64093 660-747-7127					

Source: ArcGIS/Smith
mentalhealthregionservicearea-
agentaffiliate.mxd/pdf
Revised: February 4, 2016

Division of Developmental Disabilities

Overview

The Division's philosophy is based on principles emphasizing: "Families are the most important support network for all people, including individuals with developmental disabilities. One of the best ways to support individuals with intellectual/developmental disabilities is to support and empower their families – to work with them to identify their most important needs and find the most cost-effective way to meet those needs. At the same time, we must support and empower youth and adults with developmental disabilities to begin making their own decisions so they will be able to direct their own services and supports at the appropriate time in their lives."

The service system is a partnership of consumers, families, community members and organizations, the Division, Senate Bill 40 Boards, DD contracted service providers, and advocacy entities. Through case management and based on individual needs, individuals are referred to a variety of other services and supports administered by other state agencies. These agencies include but are not limited to, Division of Behavioral Health, MO HealthNet Division, Family Support Division, Children's Services Division, Bureau of Special Health Care Needs, Division of Senior Services, and Division of Vocational Rehabilitation.

The Division of DD contracts for services and supports for people with disabilities and their families which include early childhood intervention, therapies, skills training, vocational training, and recreational and residential supports. These services meet lifetime needs of people with disabilities.

Specialized services necessary to meet an individual's needs may be purchased by the Division within the limits of its appropriation. This may include educational services, Medicaid and Medicare funded services, food stamps, or housing assistance. These are available from other state and federal programs when the individual qualifies for those programs. Emphasis is placed upon providing the service or support in a manner typical for the person's community, i.e., through local rather than specialized providers when possible.

Of the 35,136 people receiving services through the Division, approximately 34,781 live in the community. They may live with their family, with relatives who receive family support services, or in their own homes, either alone or with one or two others who receive Individualized Supported Living (ISL) services. Other types of community residential living arrangements include foster homes, group homes, residential care centers, and community-based ICF/IID. The Division receives approximately \$1.055 billion for community programs (including Federal authority for Medicaid payments).

Division of Developmental Disabilities, continued

Regional Offices are the entry point into the service system. There are six principal sites supported by six satellite locations. Each office serves from four to 23 counties. Staffed by support coordinators and support personnel, the offices perform intake activities to determine if an individual is eligible for services. When a person is found eligible for services the individual and family, in partnership with the support coordinators, work to identify needed services or supports. These services and supports are documented in a person-centered plan that describes what is needed, how the service/support will be obtained, and the method by which the effectiveness of the service or support will be measured.

When developing and implementing person centered plans, the Division strives to meet an individual's needs in the most appropriate environment, typically in or near the individual's home. The six Regional Offices serve approximately 35,000 people annually with a total budget of approximately \$30 million.

A map of the Regional and Satellite Offices can be found on the next page.

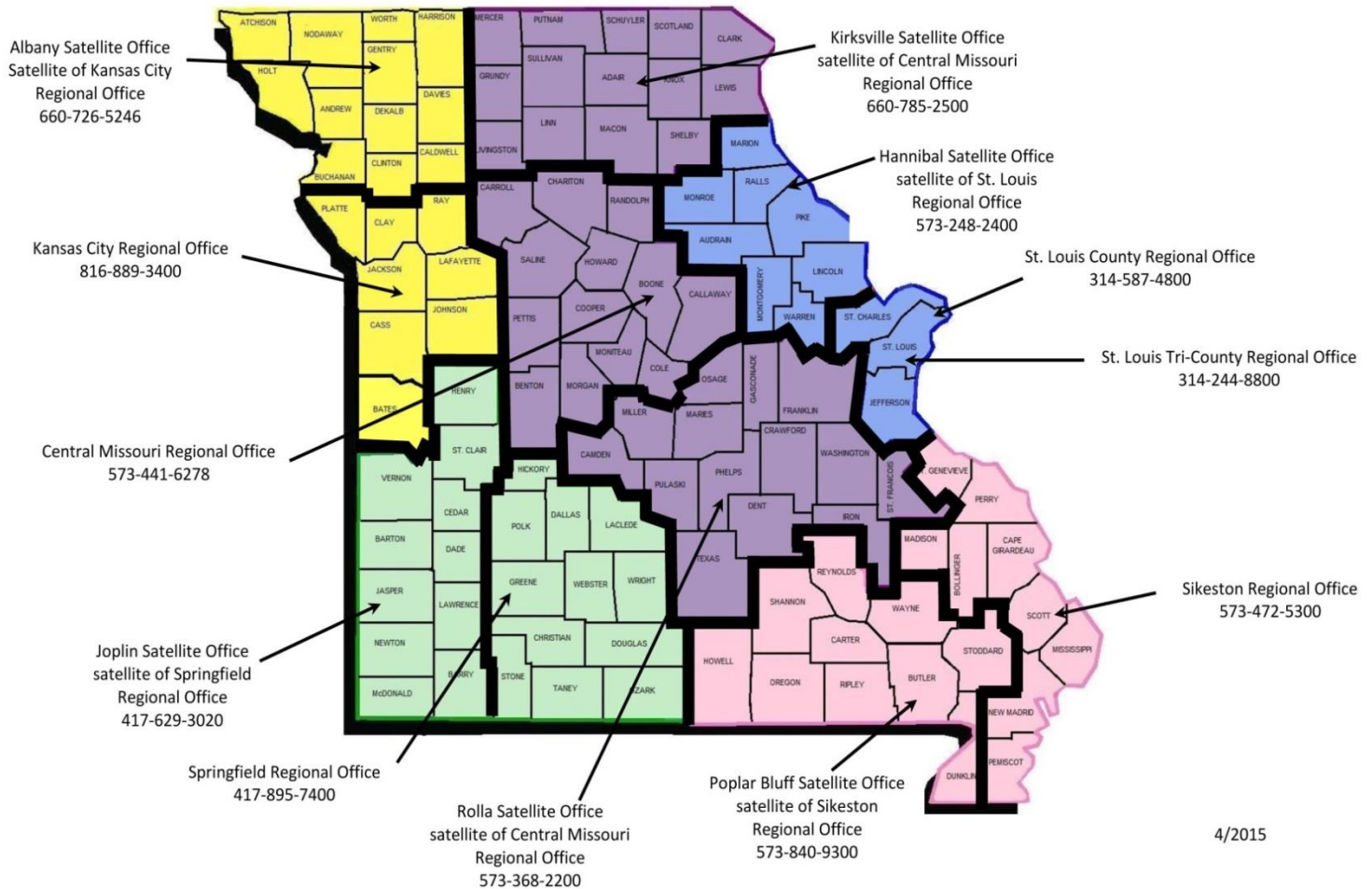
Home and Community Based Waiver Programs and Services

The Division administers five Medicaid Home and Community-Based (HCBS) Waiver Programs for individuals with mental retardation or other developmental disabilities: the Comprehensive Waiver, Missouri Children with Developmental Disabilities Waiver (MOCDD or Sarah Jian Lopez Waiver), Community Support Waiver, Autism Waiver, and Partnership for Hope Waiver (Prevention Waiver).

Authority for the Division's waivers is the result of a special arrangement between the state and federal government that allows the state to use Medicaid funding for specialized services provided only to a target group of people who have intellectual and developmental disabilities and not to all people with Medicaid. The Division uses general revenue funds to match federal dollars to pay for these waiver services. Services provided through these HCBS waivers, which are part of the Medicaid Program, are the primary funding source for services for individuals who are MO HealthNet eligible and are determined to require an institutional (ICF/MR) level of care.

Division of Developmental Disabilities, continued

Division of Development Disabilities REGIONAL OFFICES



4/2015

Division of Developmental Disabilities, continued

The Comprehensive Waiver began in 1989. This is the only waiver that provides residential services: residential habilitation and individualized supported living services. This waiver does not have an individual cap on the amount of services an individual may receive annually. The person must meet the ICF/MR level of care and must be at risk of needing ICF/MR services if waiver services are not provided. In addition, there must be a determination that the individual's needs cannot be met in the Community Support Waiver.

Although this waiver can provide residential supports services when they are necessary for a participant, not every participant accesses residential services. An estimated 17 percent of these participants live with their families and receive support services so they may continue to live at home; the remaining 83 percent are supported in group home settings and individualized supported living.

The Sarah Jian Lopez Waiver is a Medicaid model waiver administered by the Division since 1995. Medicaid guidelines require parental income and resources to be considered in determining a child's financial eligibility for Medicaid when the child lives in the home with the parents. This requirement is waived for children who participate in the Sarah Jian Lopez Waiver. The waiver provides eligibility for all State plan Medicaid services in addition to waiver services. To be eligible for this waiver, the child must: not be eligible for Medicaid under regular guidelines; be under the age of 18; live with their parents/family; meet financial guidelines; be determined to have permanent and total disability; be eligible for ICF/MR level of care; and be at risk of needing ICF/MR services if waiver services are not accessed.

No more than 350 children can be served in the Sarah Jian Lopez waiver at any one time. The average cost of waiver services per participant in FY 2016 was approximately \$9,465.

The Community Support Waiver began in 2003, for persons who have a place to live in the community, usually with family; however, the family is unable to provide all of the other services and supports the person requires, which may include 24-hour care or supervision, seven days a week. This waiver has an individual annual cap of \$28,000 on the total amount of services a person can receive. The person must meet ICF/MR level of care and must be at risk of needing ICF/MR services if waiver services are not provided.

In FY 2016, the Community Support Waiver served 2,256 individuals at an average cost of \$15,912.

Division of Developmental Disabilities, continued

The Autism Waiver began in 2009. A person eligible for the Autism Waiver must be at least three years of age and not more than 18 years of age and be living in the community with family. The child must have a diagnosis of Autism Spectrum Disorder; pervasive developmental disorder, not otherwise specified; childhood disintegrative disorder; or Rett's Syndrome. Additional criteria for eligibility include that the child experiences behavioral and/or social or communication deficits that require supervision. These deficits make it difficult for the family to provide care in the home and interfere with the child participating in activities in the community. The child must be determined to meet ICF/IID level of care and have a determination by a Division Regional Office that the person's needs for Autism Waiver services can be met at an annual cost that will not exceed \$22,000.

The Autism Waiver includes Behavior Analysis Service, which has three components: Senior Behavior Consultant, Behavior Intervention Specialist, and Functional Behavior Assessment. The Autism Waiver can serve no more than 175 persons at any given time.

Partnership for Hope Waiver - The Partnership for Hope Waiver began in 2010. This is a county-based prevention waiver that is a result of a partnership of the Missouri Association for County Boards for Developmental Disability Services, the Division of Developmental Disabilities, and the MO HealthNet Division. Early research on best practices and the waiver development was supported by a grant from the Missouri Foundation for Health to the Missouri Association for County Boards for Developmental Disability Services. This waiver can serve adults and children and has an annual total waiver service cost limit per participant of \$12,000.

Eligibility requirements include: being eligible for Missouri Medicaid and Division of DD services; participants' needs can be met with a current community support system; waiver services are not to exceed an annual cost of \$12,000; participants meet ICF/IID level of care; participants reside in a participating county; and participants meet crisis or priority criteria.

The Partnership for Hope Waiver includes services such as: personal electronic safety device and professional assessment and monitoring, dental, temporary residential and career preparation services. The Partnership for Hope Waiver can serve no more than 3,125 individuals at any given time. There are currently 103 counties and the City of St Louis participating in this waiver.

What services are available through the DD Waivers?

Comprehensive Waiver	Community Support Waiver	MOCDD Waiver	Autism Waiver	Partnership for Hope Waiver
Personal Assistance	Personal Assistance	Personal Assistance	Personal Assistance	Personal Assistance
Respite Care	Respite Care	Respite Care	Respite Care	Temporary Residential
Transportation	Transportation	Transportation	Transportation	Transportation
Environmental Accessibility Adaptations	Environmental Accessibility Adaptations	Environmental Accessibility Adaptations	Environmental Accessibility Adaptations	Environmental Accessibility Adaptations
Specialized Medical Equipment and Supplies	Specialized Medical Equipment and Supplies	Specialized Medical Equipment and Supplies	Specialized Medical Equipment and Supplies	Specialized Medical Equipment and Supplies
Support Broker	Support Broker	Support Broker	Support Broker	Support Broker
Individualized Living Skills Development (ILSD)	Individualized Living Skills Development (ILSD)	Individualized Living Skills Development (ILSD)		Individualized Living Skills Development (ILSD)
Community Specialist	Community Specialist	Community Specialist	Community Specialist	Community Specialist
Crisis Intervention	Crisis Intervention	Crisis Intervention		
Assistive Technology	Assistive Technology	Assistive Technology	Assistive Technology	Assistive Technology
Person Centered Strategies Consultation	Person Centered Strategies Consultation	Person Centered Strategies Consultation	Person Centered Strategies Consultation	Person Centered Strategies Consultation
Communication Skills Instruction	Communication Skills Instruction			
Counseling	Counseling			
Physical Therapy	Physical Therapy			Physical Therapy
Occupational Therapy	Occupational Therapy			Occupational Therapy
Speech Therapy	Speech Therapy			Speech Therapy
Community Employment	Community Employment			Community Employment
Group Home				
Individualized Supported Living				
Behavior Analysis Services	Behavior Analysis Services	Behavior Analysis Services	Behavior Analysis Services	Behavior Analysis Services
Professional Assessment and Monitoring	Professional Assessment and Monitoring	Professional Assessment and Monitoring	Professional Assessment and Monitoring	Professional Assessment and Monitoring
Host Home				
Community Transition				
Co-worker Supports	Co-worker Supports			Co-worker Supports
Job Discovery	Job Discovery			Job Discovery
Job Preparation	Job Preparation			Job Preparation
Transportation	Transportation	Transportation	Transportation	Transportation

Division of Developmental Disabilities, continued

Choices for Families - When families maintain members with disabilities at home they are often confronted with challenges related to the disabilities and the resulting physical/behavioral components. These families face increased and long-term financial responsibilities; the lack of service/support providers in reasonable proximity to their homes; or the lack of knowledge, expertise, and physical capabilities to meet the treatment needs of their family member.

Choices for Families provides funding to help meet the needs of family members with disabilities who live at home. The program works in two ways: Families pay for items and services and then submit receipts for reimbursement to their regional offices, or the families obtain vouchers from the regional offices to obtain items or services from vendors who then submit the voucher to the regional office for payment. In either case, the families choose their own providers and dictate the manner in which the services will be provided to meet their particular needs. Choices for Families can be used for many family support services for which there may not be a suitable contracted provider.

Missouri Commission on Autism Spectrum Disorders - The Missouri Commission on Autism Spectrum Disorders was established within the Department of Mental Health in 2008, with the signing of Senate Bill 768 into law.

The Commission on Autism Spectrum Disorders is composed of 24 members, including four members of the state's general assembly and seven ex-officio representatives from various state departments. The 13 remaining members are appointed by the governor with the advice and consent of the Senate and must include two parents of people who have autism; two persons who have an autism spectrum disorder; and providers from the educational, therapeutic, and healthcare fields.

The Commission, as set forth in RSMo 633.200, is charged with developing a comprehensive statewide plan for an integrated system of training, treatment, and services for individuals of all ages with autism spectrum disorders.

Office of Autism Services - The Office of Autism Services (OAS) was established within the Division of DD also in 2008, with the signing of Senate Bill 768. The OAS provides leadership in program development for children and adults with autism spectrum disorders, and the establishment of program standards and coordination of program capacity. As specified in RSMo 633.210, the OAS provides technical and administrative support to the 24-member Commission on Autism Spectrum Disorders.

Division of Developmental Disabilities, continued

Missouri's Autism Projects - In the late 1980s, Missouri families understood a need for a grassroots campaign aimed at obtaining services designed to address the complex needs of families and their loved ones with an autism spectrum disorder. The current result of their efforts is a budgetary allocation of almost \$9 million that provides for family-centered services and providers of such to be recommended by parent committees representing five geographical areas known as "Missouri Autism Projects." Established in both Missouri statute and code, Missouri Autism Projects provide funding for services aimed at assisting individuals with autism spectrum disorders to remain in the home and integrated within their communities.

State Operated Services: Habilitation Centers - The primary mission of the habilitation centers is to provide residential services, direct care support, and treatment services to people who cannot be supported in other residential settings in the community. Each resident of the habilitation center has an individual plan that identifies services and supports needed to live successfully in the habilitation center or to return to the community.

The Division operates Southeast Missouri Residential Services in Poplar Bluff and Sikeston; Bellefontaine Habilitation Center and St. Louis Developmental Disabilities Treatment Centers, both in St. Louis; and a habilitation center in Higginsville. These facilities are certified as intermediate care facilities for individuals with intellectual disabilities (ICF/IID) and collect federal Medicaid matching funds. Southwest Community Services in Nevada and Northwest Community Services in Marshall operate Medicaid Waiver settings in the community. The four habilitation centers plus Northwest and Southwest Community Services received approximately \$81 million in FY 2016, and served 355 individuals on campus and 224 individuals in state-operated waiver community settings.

Division of Developmental Disabilities, continued

Bellefontaine Habilitation Center

10695 Bellefontaine Rd
St. Louis, MO 63137
Phone 314-264-9101
Toll Free 888-549-6632

Higginsville Habilitation Center

100 West 1st Street, P.O. Box 517
Higginsville, MO 64037
Phone 660-584-2142
Toll Free 877-884-9908

Northwest Community Services/ Marshall Crisis Services

700 E. Slater Street, P.O. Box 190
Marshall, MO 65340
Phone 660-886-2201
Toll Free 800-241-2741

Southwest Community Services

2041 A/B E. Hunter
Nevada, MO 64772
Phone 417-667-7833
Toll Free 888-549-6637

Southeast MO Residential Services - (2 locations)

Poplar Bluff
2351 Kanell Boulevard
Poplar Bluff, MO 63901
Phone 573-840-9370
Toll Free 888-677-2086

Sikeston
112 Plaza Drive, P.O. Box 966
Sikeston, MO 63801
Phone 573-472-5305
Toll Free 888-677-2084

St Louis DDTC - (2 locations)

St Charles Habilitation Center
22 Marr Lane
St Charles MO 63303
Phone 636-926-1300

South County Habilitation Center
2312 Lemay Ferry Rd.
St Louis MO 63125
Phone 314-894-5400

Expansion of Local Case Management Services -The past few years have brought about unprecedented cooperation between Senate Bill 40 boards (SB40) and the Division. Because most SB40 County Boards provide or procure services for Division-eligible consumers, many of the boards have entered into contracts with DMH. These contracts allow:

- The boards and division to plan together to avoid duplication of programs;
- The use of SB40 funds as match to expand both residential and other types of priority services within counties, thereby helping to reduce waiting lists for Division services at a time when state resources are extremely limited; and
- The Division to establish local targeted case management services to 103 counties and the City of St. Louis providing nearly 65% of the TCM services.

Division of Developmental Disabilities, continued

Missouri Developmental Disabilities Council – The Division receives federal developmental disabilities funding support the activities of the Missouri Developmental Disabilities Council. The Council is a 23-member, consumer-driven group appointed by the Governor. Its mandate under P.L. 106-404, the Developmental Disabilities Assistance and Bill of Rights Act, is to assure that individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration in all aspects of community life.

The Missouri Developmental Disabilities Council's plan provides for:

- Regional and statewide needs assessment, planning, and advocacy;
- Conducting/establishing model demonstration projects and effecting systems change;
- Increasing the level of local funding for program supports; and
- Educating policymakers through advocacy for systems change.



Missouri Department of Mental Health
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www.dmh.mo.gov

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